

Contact Made: \_\_\_\_\_ In Person \_\_\_\_\_ Telephone & Form Mailed

**VIOLATION FORM**

**Flathead County Planning & Zoning**

**1035 1<sup>st</sup> Avenue West**

**Kalispell, MT 59901**

**Phone: (406) 751-8200 Fax: (406) 751-8210**

☐ Zoning    ☐ Floodplain    ☐ Subdivision    ☐ Lakeshore  
Lake: \_\_\_\_\_

**VIOLATOR/PROPERTY OWNERS NAME:** \_\_\_\_\_

**VIOLATOR/PROPERTY OWNERS ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LEGAL DESCRIPTION:**

Assessor's # : \_\_\_\_\_ Geocode: \_\_\_\_\_ COS # \_\_\_\_\_

Quarter/Quarter: \_\_\_\_\_ Lot/Tract/Block # \_\_\_\_\_ S \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Zoning Designation: \_\_\_\_\_

**NATURE OF INQUIRY/VIOLATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\* ANY ADDITIONAL INFORMATION SHOULD BE INCLUDED ON A SEPARATE SHEET OF PAPER AND ATTACHED TO THIS FORM.**

\*Be advised that by signing this form you will be held accountable to participate in any litigation that is brought forth by the County Attorney as a result of the submittal of this form. You may be called upon to recall the violations that were witnessed first hand. If you do not sign the form then no legal action will be pursued and the complaint will not be looked into any further.

**REPORTING SOURCE NAME:** \_\_\_\_\_

**REPORTING SOURCE ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REPORTING SOURCE PHONE NUMBER:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REPORTING SOURCE SIGNATURE:** \_\_\_\_\_

\_\_\_\_\_

**DATE:** \_\_\_\_\_

\_\_\_\_\_